UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS

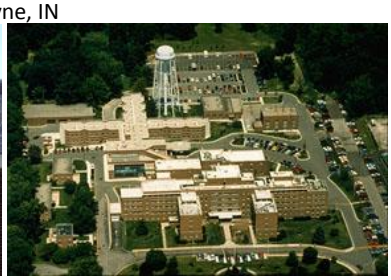
VISN 11 Strategic Plan 2011 – 2015

Danville, IL

Fort Wayne, IN

Indianapolis, IN

Marion, IN



Saginaw, MI

Ann Arbor, MI

Battle Creek, MI

Detroit, MI

VETERANS IN PARTNERSHIP
VISN 11 Healthcare Network
Department of Veterans Affairs

VISN 11 – Overview

The Department of Veterans Affairs (VA) Veterans Integrated Service Network (VISN) 11 Veterans in Partnership (VIP) is one of 21 VISNs throughout the VA. VISN 11 is responsible for providing health care to our nation's heroes from Central Illinois, Indiana, northwest Ohio, and throughout most of Michigan. This includes VA facilities in Danville, IL (Illiana Health Care System); Indianapolis, IN (Richard L. Roudebush Medical Center); Fort Wayne and Marion, IN (Northern Indiana Health Care System); Battle Creek, MI Medical Center; Saginaw, MI (Aleda E. Lutz Medical Center); Ann Arbor, MI Healthcare System; and Detroit, MI (John D. Dingell VA Medical Center).

In addition to the seven VA medical centers, VISN 11 also operates 25 Community Based Outpatient Clinics (CBOC). Each CBOC is administered by one of the VISN VAMCs as shown below:

VAMC Ann Arbor	VAMC Battle Creek
▪ Toledo CBOC, Toledo, OH	▪ Benton Harbor CBOC, Benton Harbor, MI
▪ Flint CBOC, Flint, MI	▪ Grand Rapids CBOC, Grand Rapids, MI
▪ Jackson CBOC, Jackson, MI	▪ Lansing CBOC, Lansing, MI
	▪ Muskegon CBOC, Muskegon, MI

VAMC Detroit (John D. Dingell VA Medical Center)	VAMC Indianapolis (Richard L. Roudebush Medical Center)
▪ Pontiac CBOC, Pontiac, MI	▪ Bloomington CBOC, Bloomington, IN
▪ Yale CBOC, Yale, MI	▪ Terre Haute CBOC, Terre Haute, IN

VA Illiana HCS	VA Northern Indian HCS
▪ Decatur CBOC, Decatur, IL	▪ Goshen CBOC, Goshen, IN
▪ Springfield CBOC, Springfield, IL	▪ Muncie CBOC, Muncie, IN
▪ Peoria CBOC, Peoria, IL	▪ South Bend CBOC, South Bend, IN
▪ Mattoon CBOC, Mattoon, IL	▪ Peru CBOC, Peru, IN
▪ Lafayette CBOC, Lafayette, IN	

VAMC Saginaw (Aleda E. Lutz Medical Center)	
▪ Alpena CBOC, Alpena MI	▪ Oscoda CBOS, Oscoda, MI
▪ Clare CBOC, Clare, MI	▪ Traverse City CBOC, Traverse City, MI
▪ Gaylord CBOC, Gaylord, MI	

To fulfill President Lincoln's promise – *"To care for him who shall have borne the battle, and for his widow, and his orphan"* – by serving and honoring the men and women who are American's Veterans.

VETERANS HEALTH ADMINISTRATION (VHA) MISSION STATEMENT:

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

VETERANS HEALTH ADMINISTRATION (VHA) VISION STATEMENT:

VHA will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based.

This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement.

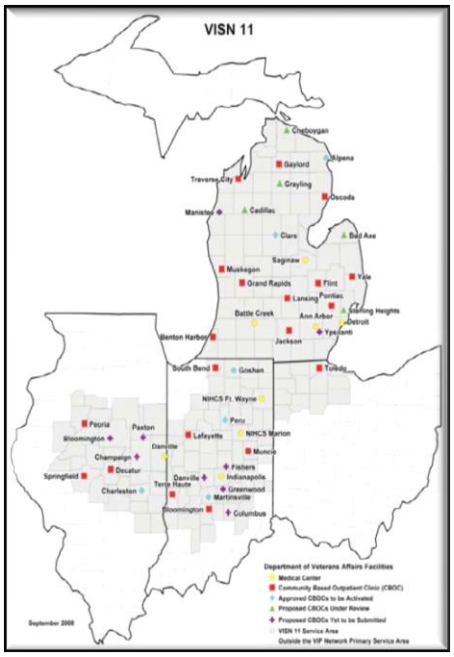
It will emphasize prevention and population health and contribute to the Nation's well-being through education, research and service in national emergencies.

VISN 11 VISION: VIP Excellence – To provide excellence in Service, Quality, People and Stewardship in alignment with VHA's Vision.

VISN 11 CORE VALUES: Trust, Respect, Excellence, Compassion, and Commitment.

VISN 11 GOALS:

- Improve Financial Results
- Improve Veteran Access to Care
- Improve Community of Services at all Access Points
- Increase Diversity of Workforce, Including Veteran Employment
- Improve Staff Satisfaction
- Improve Patient Safety and Quality of Care
- Improve Veteran Satisfaction



In fiscal year 2009, VISN 11 provided care to 248,935 unique Veteran patients. These patients generated 27,092 inpatient stays and 218,442 bed days of care. Compared to FY2006 the FY2009 represent an increase of 6% VISN wide for unique patients treated. The number of outpatient visits provided by VISN 11 during FY2009 was 2,462,616 with 13.25% of the visits occurring at a CBOC within VISN 11. Since FY2006, the number of outpatient visits within VISN 11 has increased by 21%.

The VIP Excellence vision is in alignment with VA Secretary Eric Shinseki's VA Transformation to a Veteran-centric, results-driven and forward-looking health care delivery system.

Environmental Assessment

Veteran Population and Enrollment in VA Healthcare

VHA projects demand by using the number of veterans enrolled for health care services at a variety of levels within the organization. The number of Veterans enrolled in VISN 11 in 2010 account for 4.4% of all veterans enrolled nationally for health care services. The distribution of enrollees in the three VISN 11 market areas are 56% in the Michigan market, 31% in the Indiana market, and 13% in the Central Illinois market. The enrollment dynamics for VISN 11 is that enrollment will continue to increase through 2015 and remain relatively static through 2020 and then decline through 2029.

Projected Enrollees in VISN 11

	FY2010	FY2015	FY2020	FY2025	FY2029
(V11) Central Illinois	45,080	49,134	49,114	47,645	45,961
(V11) Indiana	110,725	122,145	123,161	120,002	115,580
(V11) Michigan	198,867	219,859	219,245	211,075	201,381
VISN 11 Total	354,672	391,138	391,520	378,722	362,922

However, despite the fact that the overall number of Veterans enrolled for care in VISN 11 will be decreasing, the age distribution of those same veterans is changing to a more aged group of Veteran enrollees and this will mean that the VISN will need to be sensitive to the unique needs of an older patient population. The proportion of Veterans enrolled in VISN 11 who are under 64 years of age decreases from 52% to 46% with a corresponding increase in Veterans 65 and older.

Projected Enrollees in VISN 11 by Age

	FY2010	FY2015	FY2020	FY2025	FY2029
<45	57,058	63,789	65,733	67,772	64,420
45 - 64	146,430	125,850	116,696	108,452	104,720
65 - 84	126,397	170,478	178,156	175,333	165,530
85+	25,787	31,022	30,936	27,164	28,251

The Veteran population represents the total number of veterans residing within VISN 11 without regard to enrollment. The population is important to consider in that it is the potential number of veterans who may seek care within VISN 11 healthcare facilities. As eligibility definitions are broadened this becomes more important to future VISN plans. While enrollment numbers are increasing initially, Veteran population numbers are steadily decreasing through 2029. This is due in part to the large number of WWII veterans who are dying and a smaller military which produces fewer Veterans.

Projected Veteran Population in VISN 11

	FY2010	FY2015	FY2020	FY2025	FY2029
(V11) Central Illinois	135,749	117,024	101,091	88,733	80,985
(V11) Indiana	329,289	295,781	265,611	239,159	220,332
(V11) Michigan	739,836	641,492	557,458	486,756	437,885
VISN 11 Total	1,204,874	1,054,297	924,160	814,648	739,202

VISN 11 has established a goal of achieving an overall market penetration, which is Veterans enrolled for care over total Veteran population, of 35% by Fy2012. The chart below shows that if no action is taken a 35% market share for each VISN market will not be achieved until 2018. If the VISN takes active steps to reach a 35% market share, the area of focus as indicated by the information below is the Michigan market.

Projected Market Share by Market in VISN 11

	FY2010	FY2013	FY2015	FY2018	FY2020	FY2022	FY2025	FY2027	FY2029
(V11) Central Illinois	33.21%	39.07%	41.99%	46.08%	48.58%	50.79%	53.69%	55.30%	56.75%
(V11) Indiana	33.63%	38.93%	41.30%	44.46%	46.37%	48.03%	50.18%	51.38%	52.46%
(V11) Michigan	26.88%	31.90%	34.27%	37.41%	39.33%	41.05%	43.36%	44.74%	45.99%
VISN 11 Overall	29.44%	34.65%	37.10%	40.37%	42.37%	44.14%	46.49%	47.86%	49.10%

VISN 11 Projected Inpatient and Outpatient Projections

The table below displays current utilization projections for VISN 11. Both inpatient bed days of care and outpatient clinic stops are projected. The table illustrates the dynamics that continue to occur in healthcare, that is, a greater emphasis on outpatient care and prevention and a diminished reliance on inpatient care.

The inpatient projections illustrate a consistent reduction in the number of bed days of care for all categories through 2028. However, for outpatient projections there are consistent increases in nearly all categories of services. The projected increases are shown through 2025 and for categories such as radiology and surgical specialties there are reductions in clinic stops or a leveling off in projections for 2028.

Increases in outpatient services will likely be enhanced with the continued expansion of the VISN's network of CBOCs and with the implementation of the Medical Home Model of care.

Projected Utilization for VISN 11 - Inpatient (BDOC) and Outpatient (Clinic Stops)

	FY2010 Proj	FY2015 Proj	FY2020 Proj	FY2025 Proj	FY2028 Proj
Acute Inpatient Medicine	76,678	72,446	69,439	64,453	60,362
Acute Inpatient Mental Health	34,207	28,715	25,107	22,212	20,697
Acute Inpatient Surgery	35,442	32,582	29,245	25,574	23,202
Inpatient Residential Rehab Mental Health Programs	91,080	88,310	79,594	74,217	71,470
Spinal Cord Injury	4,607	4,319	4,292	4,317	4,100
Blind Rehab	2,588	3,076	3,321	3,357	3,264
Amb: Dental Clinic	120,076	137,301	146,437	152,066	153,349
Amb: Laboratory and Pathology	719,875	911,588	1,030,289	1,087,767	1,092,560
Amb: Medical & Other Non-Surg Specialties	529,186	636,093	707,990	746,702	753,497
Amb: Mental Health Programs	528,132	581,747	596,511	614,939	621,573
Amb: Primary Care-Geriatrics-Urgent Care	756,262	904,921	996,736	1,040,435	1,042,386
Amb: Radiology and Nuclear Medicine	255,795	289,969	313,299	326,117	328,606
Amb: Surgical Specialties	305,118	361,104	392,722	405,278	404,134
Pharmacy	12,227,058	15,175,029	17,557,374	19,336,366	20,074,933
Supplies-Equipment-Prosthetics-Ambulance	541,103	653,991	731,103	786,326	805,934

OEF / OIF Veterans

The number of veterans enrolled for healthcare in VISN 11 who served in the OEF/OIF conflicts will continue to increase in numbers through 2029. As a percentage of total Veteran enrollees in VISN 11, the OEF/OIF Veterans account for 6% of enrollees in 2010 and that percentage will increase to 11% by 2029. The OEF/OIF cohort is a relatively young group who will be receiving services from the VA for a long period of time. It is anticipated that this group of Veterans will require ongoing mental health care and that as the years pass more will seek care from the VA.

Projected OEF/OIF Enrollees in VISN 11

	FY2010	FY2015	FY2020	FY2025	FY2029
(V11) Central Illinois	2,892	4,277	4,777	5,069	5,292
(V11) Indiana	6,980	9,842	11,265	12,356	12,960
(V11) Michigan	11,358	16,104	18,716	20,569	21,627
VISN 11 Overall	21,230	30,223	34,758	37,994	39,879

Women Veterans

Another important group of Veterans are female Veterans. Female service members account for a larger percentage of the overall armed forces then in the past. Female Veterans are also serving in larger numbers in armed conflicts including OEF / OIF.

The chart below shows that the projected number of female Veterans will increase through 2029. In 2010 female Veterans account for 5.4% of the total enrollees in VISN 11 however that will increase to 11.3% by 2029. As the number of female Veterans increase, the VISN will need to reexamine the array of services offered and the care delivery methods.

When female OEF/OIF Veterans are isolated as shown in the chart below, it is seen that the number of female OEF/OIF Veterans account for 12% of all female Veterans in 2010 and that percentage increase to 14.6% by 2029.

Projected Female Veterans Enrollees in VISN 11

	FY2010	FY2015	FY2020	FY2025	FY2029
(V11) Central Illinois	2,246	3,192	3,937	4,643	5,150
(V11) Indiana	5,929	8,189	10,017	11,725	12,902
(V11) Michigan	11,075	15,014	18,114	21,005	22,985
VISN 11 Overall	19,250	26,395	32,068	37,373	41,037

Projected Female OEF/OIF Enrollees in VISN 11

	FY2010	FY2015	FY2020	FY2025	FY2029
(V11) Central Illinois	311	520	626	710	776
(V11) Indiana	702	1,193	1,494	1,750	1,916
(V11) Michigan	1,269	2,104	2,624	3,048	3,326
VISN 11 Overall	2,282	3,817	4,744	5,508	6,018

Services and Affiliations

VA Ann Arbor Healthcare System, Ann Arbor, MI is a tertiary referral center for the lower peninsula of Michigan and northwest Ohio. VAAAHS provides acute medical, neurological, surgical and psychiatric care as well as both primary and specialized outpatient services. The facility operates an extended care center and manages community-based outpatient clinics in Jackson and Flint, MI and Toledo, OH. The medical center is affiliated with the University of Michigan Medical School and numerous other health professions education programs. VAAAHS conducts extensive programs in basic biomedical and health services research, and supports a Geriatric Research, Education and Clinical Center and a Health Services Research and Development program.

VA Medical Center, Battle Creek, MI is designated as a neuropsychiatric facility. It provides a continuum of mental health services including ambulatory, residential, and inpatient care. It serves as a referral center for a variety of specialized mental health services such as treatment for post-traumatic stress disorder and substance abuse. The medical center offers primary care; residential specialty care; intermediate and acute medical care; intermediate and outpatient rehabilitative care. The medical center operates a rehabilitative nursing home care unit at the Battle Creek site and VA-

staffed community-based outpatient clinics in Muskegon, Benton Harbor, Lansing and Grand Rapids, MI.

VA Illiana Health Care System, Danville, IL is a general medical and surgical facility providing primary and secondary medical and surgical care, acute and long-term psychiatric care, rehabilitation medicine services, extended care, nursing home care and a range of outpatient services. It oversees community-based outpatient clinics in Decatur, Mattoon, Peoria, and Springfield, IL, and Lafayette, IN. The medical center is affiliated with the University of Illinois School Of Medicine.

John D. Dingell VA Medical Center, Detroit, MI is a tertiary medical and surgical facility. It provides primary, secondary, and tertiary inpatient care and both primary and specialized outpatient services including substance abuse, day treatment, day hospital, community support programs, and mental hygiene. The medical center operates a nursing home care unit and oversees community based outpatient clinics in Yale, MI and Pontiac, MI and opened a 50 bed domiciliary in the city of Detroit in 2007. The Detroit VAMC is affiliated with the Wayne State University School of Medicine.

Richard L. Roudebush VA Medical Center, Indianapolis, IN is a tertiary medical and surgical facility. As the only tertiary VA facility in Indiana, it serves as a referral center for other VA facilities. The facility provides acute medical, surgical, rehabilitation, psychiatric and neurological care, as well as both primary and specialized outpatient services. A Polytrauma II unit opened in 2006. A new domiciliary is expected to open in leased space in the city of Indianapolis in 2007. The medical center is affiliated with Indiana University School of Medicine. The medical center manages community-based outpatient clinics in Bloomington and Terre Haute, IN.

Northern Indiana VA Health Care provides primary and secondary medical care at two campuses located at Marion and Fort Wayne IN and provides primary care through community-based outpatient clinics in Muncie IN, Goshen IN and South Bend IN. NIHCS also manages an outreach clinic in Logansport, IN. Acute medical, surgical and psychiatric services; extended psychiatric treatment; dementia unit; and nursing home care services are provided. Special programs include a Combat Veterans Treatment Program (CVTP) and Home Based Primary Care (HBPC).

Aleda E. Lutz VA Medical Center, Saginaw, MI provides primary and secondary medical care, ambulatory surgical care, and outpatient mental health and substance abuse care. In addition to regularly scheduled clinics, the facility provides hospitalization including critical care, and restorative nursing home care. Services are also provided at community based outpatient clinics in Traverse City MI, Oscoda MI, Alpena MI, Clare MI, and Gaylord, MI**.**

VA / DoD Collaboration

VISN 11 has a limited number of DoD facilities within its service area and non that actively provided health care services. There are two Coast Guard facilities in Michigan located on the Great Lakes and

Indiana is the location of Camp Atterbury which is a processing site for National Guard and Reserve units preparing to deploy overseas. The VAMC Indianapolis has an ongoing relationship with Camp Atterbury to inform deploying service personnel of their VA benefits and to make contact with family members. The VISN is also an active participant in Post Deployment Health Screening for returning service personnel.

Each VAMC within VISN 11 maintains an active outreach activity to inform returning veterans of their benefits for VA health care services. Medical centers also have a liaison who serves as a direct link to DoD for service members transitioning from active duty to Veterans status and who require continued health care services.

VISN Staff and Succession Planning

The number of staff in VISN currently numbers 10,640 full and part time personnel. This represents a 33.5% increase in the number of personnel since the year 2000. A number of factors have influenced the increase in staff within VISN 11 including an expansion in services provided to Veterans especially in mental health services, expanded access points with the activation of CBOCs throughout the VISN, and specific personnel mandates that have been assigned by VACO in response to needs. With the start of the OEF / OIF conflicts in 2002, there have been numerous programs implemented to address the needs of the newest Veterans.

The VISN has developed an annual Workforce Succession Plan that is rolled up as part of the National Succession Plan. As part of the VISN Workforce Succession Plan the top ten staffing challenges are identified as listed below along with the top five physician and nursing staff challenges.

General Staff Challenges (in priority order)
Medical Officer
Nurse
Physical Therapist
Psychologist
Pharmacist
Human Resources Manager

General Staff Challenges (cont'd)
Occupational Therapist
Nursing Assistant
Respiratory Therapist

Physicians Challenges (in priority order)
Psychiatrist
Primary Care Physician
Radiologist – Diagnostic Services
Gastroenterologist
Internal Medicine Physician

Nurses (in priority order)
Clinical Nurse Specialist
RN, Nurse Manager/Head Nurse
Staff Nurse
Nurse Practitioner
Miscellaneous Title 38 Clinical

Capital Asset Planning

In FY 2010, VA developed the Strategic Capital Investment Plan (SCIP) process to address the planning necessary for capital funding of infrastructure projects throughout the VA for the next 10 years. Based on the VA's strategic goals and objectives, VA performed a gap analysis and capital assessment through the SCIP process to identify capital asset deficiencies. These capital projects are identified either specifically or in general as part of capital asset planning for the VISN.

The Capital Asset Management Committee (CAMC) serves as the liaison between the VISN and VISN 11 facilities for distribution of capital resources based on the SCIP process approval, and provides recommendations for equipment acquisitions and Non-Recurring Maintenance (NRM) project development to the VISN 11 Business Operations Board. Although a proposal is on the table for reevaluating the objectives of the CAMC, the goal is to ensure that VISN 11 facilities succeed in implementing the SCIP obligation plan.

VISN 11 capital projects in the SCIP obligation plan include the following:

Minor Construction Projects

VISN	Location		Project Number	Project Title	D=design C=construction Project Year	Project Costs
	City	St				
11	Ann Arbor	MI	506-310	Expand East Parking Structure	D – FY10	$495,000
11	Ann Arbor	MI	506-310	Expand East Parking Structure	C – FY11	$5,400,000
11	Battle Creek	MI	515-304	Ambulatory Care Expansion B-2	D – FY10	$887,000
11	Battle Creek	MI	515-304	Ambulatory Care Expansion B-2	C – FY11	$8,200,000
11	Battle Creek	MI	515-312	Mental Health Expansion B39	D – FY10	$916,219
11	Battle Creek	MI	515-312	Mental Health Expansion B39	C – FY11	$8,322,318
11	Battle Creek	MI	515-310	Renovate NHCU for Patient Privacy	C – FY11	$5,963,000
11	Battle Creek	MI	515-313	Renovate SATU B-7	D – FY11	$732,000
11	Danville	IL	550-314	Construct Small Green Homes (2)	C – FY10	$2,801,741
11	Danville	IL	550-315	Construct Four Green Homes 10 Bed Modules	D – FY11	$786,016
11	Detroit	MI	553-302	Low Vision/Eye Clinic	C – FY10	$3,200,000
11	Detroit	MI	553-303	Expand Emergency Department	D – FY11	$832,948
11	Indianapolis	IN	583-325	Veteran Center House at CSR (Grant)	C – FY10	$3,019,406
11	Indianapolis	IN	583-326	Construct Parking Garage	D – FY10	$46,140
11	Northern IN	IN	610-301	Demo Marion Campus Bldgs.	D – FY10	$440,000
11	Northern IN	IN	610-301	Demo Marion Campus Bldgs.	C – FY11	$3,960,000
11	Northern IN	IN	610-302	Clinical Services Expansion, B-138-4	C – FY11	$
						$46,001,788.00

Under the President's 2009 American Recovery & Reinvestment Act (ARRA), the following stimulus projects were awarded in FY 2010:

ARRA Projects

VISN	Location		Project Number	Project Title	Project Costs
	City	State			
11	Ann Arbor	MI	506-09-107	Inpatient and Outpatient Pharmacy	$732,977
11	Ann Arbor	MI	506-09-109	Upgrade Urgent Care	$2,425,500
11	Ann Arbor	MI	506-09-110	Upgrade Emergency Room	$3,349,500
11	Ann Arbor	MI	506-10-103	Replace 4800 V Generator	$1,032,000
11	Battle Creek	MI	515-08-110	FCA - Replace Roads/Curbs/Gutter Phase V	$1,124,050
11	Battle Creek	MI	515-09-104	FCA - Replace HVAC B138 (Construction)	$387,000
11	Battle Creek	MI	515-10-125	Install Automatic Doors, B3, 5, 84	$95,000
11	Danville	IL	550-08-106	FCA Replace Elevator Cabs & Controls Blds 58 & 98	$1,500,000
11	Danville	IL	550-09-102	FCA Upgrade Air Handlers and Chillers Building 58	$1,160,000
11	Danville	IL	550-09-120	Central Boiler Plant Replacement	$12,000,000
11	Detroit	MI	553-09-116	Infill 7th Floor	$4,950,000
11	Detroit	MI	553-10-101	In-Patient Mental Health	$300,000
11	Detroit	MI	553-10-116	FCA Replace Poz Lok (REPLACE SPRINKLER)	$900,000
11	Indianapolis	IN	583-08-200	FCA Resurface Parking Lots/ Restripe	$896,000
11	Indianapolis	IN	583-09-128	Install New 1000 Ton & Relocate 450 Ton Chiller	$2,100,000
11	Indianapolis	IN	583-09-139	FCA Upgrade Nurse Call system - hospital wide	$1,870,000
11	Indianapolis	IN	583-10-117	Install Additional Generator (Design)	$75,000
11	Northern IN	IN	610-06-112	Replace Roofs, B9,B76,B124	$275,000
11	Northern IN	IN	610A4-09-107	Exterior Tuck Pointing and Surface Repairs, B1, Repair B-1 Overlay	$480,000
11	Saginaw	MI	655-10-113	FCA - ARRA Roof Replacement Bldg 22	$750,000
11	Saginaw	MI	655-07-103	FCA - Replace HVAC System, B1, Flr.5	$4,606,224
11	Saginaw	MI	655-08-101	FCA - Upgrade & Expand Electrical Closets B-1	$2,400,000
11	Saginaw	MI	655-08-102	FCA - Upgrade Primary Electrical Distribution Sys	$1,950,000
				TOTAL VISN 11 ARRA PROJECT COSTS:	**$45,358,251.00**

NRM Construction Projects

The NRM obligation plan includes $270,000 in design and $10,250,740 in construction for various Energy projects at all locations planned for award in fiscal year 2011. The NRM obligation plan also includes $620,000 in Research construction projects awarded in fiscal year 2010 and $85,000 planned for award in fiscal year 2011. Based on set aside SCIP capital funding, the NRM obligation plan for FY 2011 is estimated at $33,766,000.

VIP Excellence – Today

The VIP Network VISN 11 was established in 1996 with the adoption of the VISN concept in the Veterans Health Administration. VISN 11 originally consisted of eight independent VAMCs in Ann Arbor MI, Battle Creek MI, Danville IL (Illiana HCS) , Detroit MI, For Wayne IN, Indianapolis IN, Marion IN, and Saginaw MI. In 2003 Fort Wayne IN and Marion IN were consolidated into the Northern Indiana Health Care System. The VISN, while divided into three markets, has two major groupings within the VISN that reflect patient referral patterns. Within the VISN these are referred to as the Southern Tier consisting of VAMC Indianapolis, the Illiana HCS, and the Northern Indiana HCS and the Northern Tier consisting of VAMCs Ann Arbor, Battle Creek, Detroit, and Saginaw. The VISN has concentrated on expanding access to Veterans through the activation of CBOCs. When the VISN was established in 1996 there were a total of three "satellite clinics" in Toledo OH, Grand Rapid MI, and Peoria IL. Today the VISN operates a total of 25 CBOCs throughout the VISN or an 800% increase in the number of access points in the VISN.

Another program which has experienced a major increase in resources in the VISN is the domiciliary program. As of 2005 VISN 11 was the only VISN in the country that had no domiciliary capacity. At this time VISN 11 has activated three VA supported Domiciliary facilities for a total of 150 beds and plans to expand the domiciliary facilities in Detroit and Indianapolis and the possibly activate of an additional facility in Danville.

VISN 11 takes pride in the fact that as an organization it provides the best possible care to veterans within its service area. In fiscal year 2009, VISN 11 provided care to 248,935 unique Veteran patients that translate to 27,092 inpatient stays and 218,442 bed days of care and 2,462,616 outpatient visits. Since 2006 unique patients treated have increased by 6% and outpatient visits increased by 21%. In addition, the VISN defines as its core services nursing home care services or Community Living Centers (CLC) which number six in the VISN. Mental health services are present in every VAMC and a range of services based on number of enrollees is available in every CBOC within the VISN. Much of the demand being generated within the VISN is the result of the dismal economic climate in the Midwest. The state of Michigan which makes up a majority of the VISN has the highest current unemployment rate in the nation. In Indiana the unemployment rate decreased during the last two months for the first time in over a year.

Despite the fact that the VISN is challenged by a number of service demands and the need to constantly address the delivery of core services to Veterans, it continues to look to the future to define the kind of organization it will become. VIP Excellence - Tomorrow addresses that vision.

VIP Excellence - Tomorrow

The VIP network continues to grow, change, and improve. Over the next five years the key opportunities for improvement within VISN 11 will be in the areas of service, satisfaction, and savings. These principles align with the VA Strategic Plan and the departmental principals of becoming Veteran centric, results driven, and forward looking.

Service

Service to Veterans will always remain the primary focus of VISN 11 and will be the centerpiece of all activities and plans. Service will be manifested directly through the increase in care sites through CBOCs activations and realignment of services within existing CBOCs. It is the vision of the network that future service to Veterans will not be place centered, that is, it will not be confined to a facility or for that matter to the VA. The VISN tomorrow includes outreach with private and community providers to meet the medical as well as the social needs of veterans. VISN 11 also is looking at maximized use of technology to deliver service and to communicate with Veterans. This will be through the use of telehealth technologies and use of social networking strategies. One of the major service components to increase access to services is reviewing the service array at existing CBOCs to see which additional services can be added to push more services closer to where Veterans live.

Satisfaction

By becoming a more Veteran centric organization, VHA and VISN 11 will focus on making the Veterans the center of all activities in which the VISN engages. To achieve Veteran satisfaction the VISN is looking to increased use of team treatment through the implementation of Patient XXXX Clinical Teams (PACT). This will provide a seamless clinical experience to Veterans and provide care when the Veteran needs it not when a clinician can provide it. This concept will extend to the development of new ways to engage specific Veteran populations like women Veterans and Veterans in rural areas.

Veteran satisfaction depends on a satisfied, engaged and mission driven staff. This includes the efficient and timely hiring of new staff to secure the most qualified applicants quickly and then providing the training, continuing education and motivation to excel. Every VISN 11 staff member will know how they fit into the VISN delivery system to provide care to Veterans.

Savings

VISN 11 is committed to streamlining operations, achieving efficiency in allocating resources and delivery care so that more dollars and time can be devoted to Veteran services. The VISN has

embraced the VHA principle of organizational alignment and reduction of variation. These concepts can be applied to not only administrative operations but also to clinical operations through deliberate planning for future changes in Veteran need and workload, developing complementary clinical programs, and standardizing processes to reduce clinical mistakes and failed transitions.

The Strategic Plan below provides a roadmap for VISN 11 for achieving the VISN goals and VIP excellence tomorrow.

Strategic Plan: 2011 - 2015

Sustainability Model – Quality/Satisfaction, Access, Cost

KEY DRIVER - COST	
Goal 1 - Improve Financial Results	
Initiative 1.1 **-** Implement Strategic Asset Management (SAM) Plan	***Objective 1.1.1*** - Improve SAM Performance Score
Initiative 1.2 - Develop and Implement Financial Stewardship Action Plans (CBI, Fee, interest payments, DSS, $ savings, logistics)	***Objective 1.2.1*** - Develop 3-year financial plan (activations, high-cost/high-tech, projects and ProForma budgets for FY12-13)
	Objective 1.2.2 - Decrease interest payments per million disbursed (excluding credit cards) – ECF PF2
	Objective 1.2.4 *– Business Acumen: Develop a VISN-wide action plan for quality improvement based on Fee Care, CBI, Interest Payments, Logistics, DSS, Savings – ECF PF3, PF3, PF4, ICC4*
Initiative 1.3 - Develop Advanced Investment Plan – Capital Enhancement	***Objective 1.3.1*** *- Develop advance investment plans for future infrastructure needs today and execute projects so they can be immediately obligated when funding becomes available (Hamilton Group).*
KEY DRIVER - ACCESS	
Goal 2 - Improve Community of Services at All Access Points (one stop shopping – VBA, VSOs, AAA, Homeless Community Services, etc.)	
Initiative 2.1**- Implement Homelessness – 5 year plan**	***Objective 2.1.1*** **- Increase the number of residents achieving resident status after receiving a HUD-VASH voucher – ECF PF1**
Initiative 2.2 - Develop and enhance partnerships with community social services providers to address client needs	***Objective 2.2.1*** - Increase market penetration to 35% by 2012 (Enrollment/Population)
	Objective 2.2.2 *- Develop coalitions with community stakeholders to partner in providing services to Veterans – ECF ICC5*
Goal 3 - Improve Veteran Access to Care	
Initiative 3.1 **- Implement Women Veterans Improvement Plan**	***Objective 3.1.1*** *– Improve satisfaction in and quality of care provided to Women veterans – ECF PO5*
Initiative 3.2 **- Accomplish Transformational Initiatives – Patient-Aligned Care Teams (PACT), My Health*e*Vet (MHV), etc**	***Objective 3.2.1*** **- Utilize Medical Home Builder Tool to improve staffing mix ratio (PACT/PCMM) – ECF PO2**
	Objective 3.2.2 **- Improve Sufficiency and Timeliness of C&P Exams – ECF PO7**
Initiative 3.3 - Develop a clinical inventory of services to be available (VA and non-VA) to provide care closer to veterans	***Objective 3.3.1*** **- Ensure timely access for new and established patients - ECF PO3**
	Objective 3.3.2 **- Increase telehealth encounters – ECF P04**

KEY DRIVER – QUALITY/SATISFACTION	
Goal 4 – Increase diversity of workforce, including veteran employment	
Initiative 4.1 **- Enhance diversity programs and improve cultural competencies among staff, by partnering with community entities including universities**	***Objective 4.1.1*** - Increase workforce diversity and inclusion by increasing percent of underrepresented populations and Veterans employed – ECF OL5
	Objective 4.1.2 *– Increase the percent of Veterans employed*
	Objective 4.1.3 *–Ensure compliance with EEO principles and regulations, and proactively address workplace disputes (EEO/ADR) – ECF OL4*
Goal 5 – Improve staff satisfaction	
Initiative 4.2 **- Develop workforce action plan addressing appraisal, timely hiring and psychological safety**	***Objective 4.2.1*** – Increase use of the VHA workforce succession planning tool at the VISN and facility levels - ECF LD2
	Objective 4.2.2 – Increase mentor certification (Network Specific Learning and Development Initiative) - ECF LD3
	Objective 4.2.3 - Improve organizational health (Psychological Safety) – ECF CS2
	Objective 4.2.4 *- Appraise and reward employees timely – ECF OL1*
	Objective 4.2.5 *- Increase the percent of qualified staff hired within 30 days – ECF OL2*
Initiative 4.3 **- Continue Lean training, performance improvement, project management and ISO work**	***Objective 4.3.1*** *– Ensure project teams are trained in contract, project and Lean management (Project Team Skills and Capabilities) – ECF LD1*
	Objective 4.3.2 *- Ensure accountability and control of government property and adherence to information security policy – ECF OL3*
Goal 6 – Improve patient safety and quality of care	
Initiative 5.1 **- Implement no harm campaign/clinical risk assessment**	***Objective 5.1.1*** **- Ensure effective and safe clinical care via the "Big Dot" No Harm Campaign – ECF PO1**
Initiative 5.2 - Develop Comprehensive Emergency Management Program (CEMP) action plan based on site reviews	***Objective 5.2.1*** – Ensure preparation for uninterrupted provision of services to veterans in the case of an emergency (CEMP) – ECF PO6
Goal 7 – Improve veteran satisfaction	
Initiative 6.1 - Develop Planetree action plan addressing ECF measures based on new contract	***Objective 6.1.1*** - Improve client satisfaction scores by promoting excellence in patient-centered care – ECF CS1
Initiative 6.2 - Develop corporate communication plan to cascade messages to stakeholders	***Objective 6.2.1*** - Hospital Compare and Composite Scores

Boldface = Network Director expects full funding, management attention and a minimum of fully successful performance

Italic = Objective was not originally included in x-matrix

References

- VHA Defining Excellence Web-site: http://vaww.ush.va.gov/Excellence/index.asp as of September 2010
- VHA Directive 2008-034, Strategic Planning Process dated July 14, 2008
- Department of Veterans Affairs Strategic Plan: http://www1.va.gov/OP3/docs/strategicplanning/va_2010_2014_strategic_plan.pdf
- VISN 11 Policy Memorandum 10N11-1, VISN 11 Governance Structure, dated October 2010